THE IOWA SUPREME COURT ATTORNEY DISCIPLINARY BOARD Complaint Form

(Complete a separate form for each attorney about whom you are complaining.)

1. Your name:	Email Address:	
Street Address:		
City:	State:	Zip:
Telephone: Home	; Cell	; Business
2. Name of attorney abo	out whom you are con	mplaining:
Street Address:		
		Zip:Telephone:
3. Did you hire the attorney?		no)? If yes, when did you hire the
If no, what is your connect	ion to the attorney? _	
for Northern District of Iov	wa)	trict Court for Polk County; United States District Court s; State vs. Doe)
c. Case no		
attorney did or did not do complaint form and the or help to explain your con court papers. Send only documents to you. In filing this complain any, between you and disclose your confident complaint.	n. Return the sheet e additional sheets aplaint, such as fee as copies, not origin t, you are waiving the attorney nan ial information to	te sheets of paper a detailed factual statement of what the t(s) with this form. Write on only one side of the s of paper. Please attach copies of documents that prove greements, letters, checks, receipts, itemized billings, and hal documents, as we are not able to return your g confidentiality and attorney-client privileges, if med above. This waiver allows the attorney to the extent reasonably necessary to respond to the
I certify under penalty of p complaint are true and corn		to the laws of the state of Iowa that the allegations of this
Date	Signat	ture
Send the completed form to:	Iowa Supreme Co Judicial Branch B 1111 East Court A Des Moines, IA 50 Telephone: (515)	avenue 60319